

RECEIVED  
CENTRAL FAX CENTER

OCT 01 2007

## FAX TRANSMISSION

DATE: October 1, 2007

PTO IDENTIFIER: Application Number 09/423,037  
Patent Number

Inventor: Heery et al.

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: ROPES & GRAY LLP  
David P. Halstead, J.D., Ph.D.

PHONE: (617) 951-7615

Attorney Dkt. #: ASZD-P01-228

PAGES (Including Cover Sheet): 12

CONTENTS: Amendment Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Continued Examination Transmittal (1 page)  
Amendment After Final Action Under 37 C.F.R. 1.116 (7 pages)  
Charge \$1,270.00 to deposit account 18-1945  
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (617) 951-7615 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

ROPES & GRAY LLP  
One International Place, Boston, Massachusetts 02110  
Telephone: (617) 951-7000 Facsimile: (617) 951-7050

OCT 01 2007

PTO/SB/97 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/423,037

Attorney Docket No.: ASZD-P01-228

**Certificate of Transmission under 37 CFR 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office to facsimile number (571) 273-8300.

on October 1, 2007  
Date

Maura A. Gallagher  
Signature

Maura A. Gallagher  
Typed or printed name of person signing Certificate

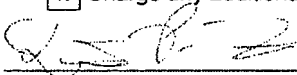
Registration Number, if applicable

(617) 951-7000  
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Amendment Transmittal (1 page)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Request for Continued Examination Transmittal (1 page)  
Amendment After Final Action Under 37 C.F.R. 1.116 (7 pages)  
Charge \$1,270.00 to deposit account 18-1945

OCT 01 2007

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. ASZD-P01-228	
Application No. 09/423,037		Filing Date February 22, 2000		Examiner J. Dunston	
				Art Unit 1636	
Applicant(s): Heery et al.					
Invention: INHIBITORS OF NUCLEAR PROTEIN/NUCLEAR RECEPTOR INTERACTION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	35	- 56 =	0	x 50.00	0.00
<b>Independent Claims</b>	1	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					460.00
Request for continued examination (RCE) (see 37 CFR 1.114)					810.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1270.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span> <input type="checkbox"/> No additional fee is required for this amendment. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-1945</u> in the amount of \$ <u>1270.00</u> . A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-1945</u> as described below. <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 David P. Halstead, J.D., Ph.D. Attorney/Agent Reg. No.: 44,735  ROPES & GRAY LLP One International Place Boston, Massachusetts 02110 (617) 951-7615				Dated: <u>October 1, 2007</u>	
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below. Dated: <u>10-1-07</u> Signature: <u>Maura A. Gallagher</u> <u>Maura H. Gallagher</u>					

10740657\_1.DOC